

**HEADQUARTERS, MINNESOTA WING CIVIL AIR PATROL
CORPORATE CREDIT CARD AGREEMENT**

PRINTED NAME OF MEMBER ASSIGNED CREDIT CARD:

ADDRESS:

TELEPHONE NUMBERS

HOME:

WORK:

CREDIT CARD ASSIGNED

NUMBER

EXP. DATE

I AGREE TO USE THE ABOVE ISSUED CREDIT CARDS ONLY FOR AUTHORIZED CIVIL AIR PATROL BUSINESS. I UNDERSTAND THAT I MUST TURN IN AN EXPENSE REPORT ALONG WITH ORIGINALS OF THE CHARGE SLIPS ON THE FIRST MEETING NIGHT AFTER THE END OF THE MONTH IN WHICH THE CHARGE WAS ORIGINATED OR ON THE NEXT MEETING NIGHT AFTER MY RETURN TO MINNESOTA (WHICHEVER IS LATER) OR I WILL BE PERSONNALLY LIABLE FOR THOSE CHARGES. I FURTHER AGREE TO REIMBURSE MINNESOTA WING CIVIL AIR PATROL FOR ALL CHARGES WHICH ARE NOT COVERED BY AN APPROVED EXPENSE REPORT. I ACKNOWLEDGE THAT ALL ACCOUNTS MUST BE SETTLED WITHIN SIXTY DAYS OF THE CREDIT CARD COMPANY BILLING. I ALSO AGREE TO PROMPTLY NOTIFY WING HEADQUARTERS DIRECTOR OF FINANCE IF ANY OF THE CREDIT CARDS ARE LOST. I WILL RETURN THE CARD UPON DEMAND OF THE COMMANDER, DEPUTY COMMANDER, OR CHIEF OF STAFF OF THE MINNESOTA WING CIVIL AIR PATROL.

LEGAL SIGNATURE:

DATE:

**SAMPLE SIGNATURE ON CHARGE SLIPS
IF DIFFERENT THAN LEGAL SIGNATURE:**

***** TO BE FILLED OUT BELOW THIS LINE BY WING FINANCE *****

APPROVAL BY DEPARTMENT DIRECTOR:

APPROVAL BY FINANCE COMMITTEE:

APPROVAL BY WING COMMANDER: